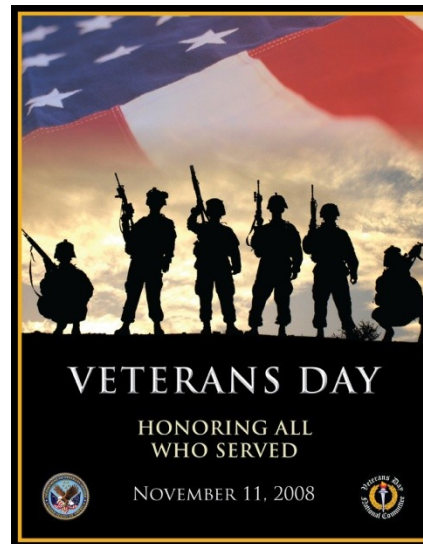


Department of Veterans Affairs



Charlie Norwood VA Medical Center



Dwight David Eisenhower Army Medical Center

Two Agencies

...

Two Missions

...

***One
Partnership***



DDEAMC Corporate Governance

Health Affairs



Tricare Management Agency



Tricare Regional Office South (TRO SOUTH)



Department of the Army



Medical Command



Southeast Regional Medical Command (SERPMC)



CNVAMC Corporate Governance



Department of
Veterans Affairs

Under Secretary for Health
Deputy Under Secretary for
Operations & Management

Veterans Integrated
Services Network (VISN 7)

Charlie Norwood VA
Medical Center, Augusta
GA



DDEAMC & CNVAMC Sharing History

- Pre – 1993: Traditional Sharing Agreements
- 1993: DDEAMC/CNVAMC begin operations under JVSS authority – Neurosurgery program established at downtown AVAMC campus.
- 1993 – Present: Multiple sharing agreements established, including CT Surgery which moved from AVAMC to DDEAMC in March 2003.
- May 2004: SERMC/VISN 7 Master Sharing Agreement (MSA) signed – outlines sharing procedures for SERMC MTFs/VISN 7 facilities under new DOD/VA guidelines.
- March 2009: DDEAMC/CNVAMC MSA signed



VA/DoD Partnership CNVAMC and DDEAMC



- Communication & Relationship Building
- Active Duty Rehab Unit (ADRU)
- Active Duty Behavioral Health Residential Rehab Treatment Program Pilot Project
- Cardio-Thoracic Surgery Program
- Neurosurgery Program
- Mammography Sharing and Shift To Digital
- Joint Incentive Fund (JIF) Project Development
- Stray Cats – Acute Psych Beds, Lab Overflow, ERCP, Prostatectomy, etc.
- TRICARE Contract = Access Alternative To Sharing Agreement



Communication & Relationship Building



- Plan Monthly VA/DoD Leadership Meetings; Realize About 6 – 8 Per Year
- Quarterly Breakfast/Lunch Meetings To Improve Work At The Personal Level
- Typical Attendees Include Those Clinical And Administrative 'Pairs' That Drive And Operationalize Local Projects
- Fosters Better Communication At The Functional Level Vice Top Down Information Flow
- Continue to Work Through Agency Differences, Work Current Issues And Pursue New Projects



Active Duty Rehab Unit



- Active Duty Rehabilitation Unit Statistics
 - 640 Active Duty Admissions (Inception In 2004 thru April 2009)
 - 233 In-theater Injuries = 36%
 - 407 Non-Combat Injuries = 64%
 - 207 (Of 640) Returned To Active Duty = 32%
- Military Command and Control and Case Management Staff Organic to ADRU (5 DoD Staff On Station)
- CPRS and AHLTA access Through Joint Staff Where Appropriate
- CNVAMC Expansion Of Medical Rehab And [*coming*] Brain Injury Beds Will Support DDEAMC Cat 1 TBI Program



AD Behavioral Health RRTP Pilot



- 4 Bed Pilot Program (Flexible)
- 31 Active Duty Admissions (Jan 2008 – Apr 2009)
 - Goal is “Return To Full Duty”
 - 2 Soldiers Returned To Full Duty = 6%
 - Program And Outcomes Still In Pilot
 - Weekly Clinical Team Calls With EAMC BH
 - Shares Some Military Command And Control With ADRU
 - Reviewing Program Dynamics and Outcomes For Potential Expansion To 15 Beds
 - VA /TRO Liaison Working With TRICARE Management Activity For Reimbursement Rate / Amendment to V7 Contract
 - Fills A Gap In DoD Care; VA Is Leader In RRTP Care Delivery
 - 4 similar programs VA - wide



Cardio-Thoracic Surgery



- Currently Supporting This VA Program based at DDEAMC
 - Low Volume Over Last Two Years
 - VACO Probation Since 2007 (Target = 100 minimum/year)
 - Increased VA Demand Through Referral Diversion From Dublin/Columbia; FY08 Totals:
 - FY08 Volume: 76 (70-VA/6-DoD)
 - FY09 Volume 45 (34-VA/11-DoD) through April 2009
 - Augusta VAMC Pays For Dublin/Columbia Referrals To DDEAMC
- Community/Federal Partnership For Fellowship Opportunity In Discussion



Neurosurgery



- Neurosurgery Services At CNVAMC
- FY08 Volume
 - NS – 188 (127-VA (68%) / 61-DoD (32%))
 - OPV – 1635 (1038-VA (62%) / 635 - DoD (38%))
- FY09 Volume Through April 2009
 - NS – 104 (72-VA (69%) / 32-DoD (31%))
 - OPV – 944 (535-VA (57%) / 409-DoD (43%))
- Program Evolution From Joint Venture Demonstration Project (Started in 1993 - Ended 2007)
 - Included VA and DoD Salaried Physicians/Staff (Flexed To Support Program)
 - DoD OpTempo Created Variation In Capacity
- DoD Pays One Providers' Salary (Workload Variable)





Mammography to Digital Mammography



- 945 Mammography studies completed in FY08 on Veteran Patients
 - 697 Veteran Patient Studies Completed Through Shared Services At EAMC
 - 248 Veteran Patient Studies Completed Via University Hospital Mobile Service
- 154 DoD Mammography Studies Read By VA Radiologist At EAMC
- Placement of Digital Mammo Unit At EAMC Approved By VA Women's Health Program Office
- Coordinating Group Established To Build Processes; Drafting Sharing / Staffing Agreement – VERY complex



Business Partner Gateway (BPG)



- Leased T1 (100 Megabyte) Secure Data Line Between CNVAMC and DDEAMC
- Startup Date: August 2006
- Monthly Cost: CNVAMC Pays
- Current Uses: Access to VistA/CPRS; CHCS/AHLTA, Image Sharing Between VistA Rad and DDEAMC PACS (W/Lots Of Manual Steps)
- Uses DiaCom Servers On Both Ends; Ensures Standard File Format For Dual System Acceptance
- No Longer Sending PET or CT Images On CD W/Pt
- Data Storage Space Needs Growing Exponentially!



Stray Cats (EOFY08)



- Certified Registered Nurse Anesthetist Training (3)
- Endoscopic Retrograde Cholangiopancreatography (ERCP) Competency Training for DoD MD/Staff (5)
- Epilepsy Study Reading (EEG)
- PET/CT Imaging (419 PETs @ EAMC/10 CTs @ VA)
- Reconstructive Mammoplasty (Free TRAM Flap); (1)
- Critical Care Unit Beds (21 patients / 81 BDoC @ VA)
- Laboratory Overflow (603 Pap Smears @ EAMC)
- Two VA/DoD Liaison Social Workers + PSA At

WTB



Joint Incentive Fund Projects



- Previous Year Augusta/Eisenhower *Proposals* Include:
 - Surgical Robotics Program
 - Joint Pain Management Clinic
 - Pastoral Care Outreach
 - PET/CT
- FY09 Projects Included:
 - TATRC MediCell Phone Project for Performance Improvement and Research
 - Active Duty Behavioral Health Residential Rehabilitation Treatment (RRTP) Expansion to 15 beds
- Value Of Projects (Approved Or Not) Is In Joint Discovery



TRICARE



- December 2006 - VISN 7 TRICARE Contract Signed
- VA Has No Primary Care Manager Services (TRICARE)
- May 2007 – Modified For Interagency Rate Reimbursement for facilities that are Joint Commission and CARF accredited for Rehabilitation
- July 2008 – Modified For TRICARE Policy Manual Reimbursement Model Change To Inpatient Behavioral Health From DRG To Per Diem
- Pending RRTP Reimbursement Rate



Things We're Thinkin' About



- Other Opportunities:
 - Joint Reference Laboratory
 - Joint Imaging Center
 - Off-Station/Base Joint Primary Care Clinic

Questions?

